PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB 0651-0032

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/775,532			ling Date 10/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN	
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
	BASIC FEE	_	N/A	.ED	N/A		N/A	ILL (a)	1	N/A	TEE (0)	
┢	(37 CFR 1.16(a), (b), o	or (c))					H		ł			
片	(37 CFR 1.16(k), (i), of EXAMINATION FE		N/A	$-\!\!\!\!\!+\!\!\!\!\!\!-$	N/A		N/A		Į	N/A		
TO	(37 CFR 1.16(o), (p), o	or (q))	N/A		N/A		N/A		Į.	N/A		
(37	CFR 1.16(i))		minus 20 = *			IJ	x \$ =		OR	x s =	ļ	
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 = *			l	x \$ =		J	x s =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$25 additi	ts of pape 50 (\$125 tional 50 s	gs exceed 100 in size fee due for each in thereof. See CFR 1.16(s).								
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		]			J			
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.	-	TOTAL		J	TOTAL				
	APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		CLAIMS	HIGHE			$\overline{}$						
AMENDMENT	05/15/2009	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ğΙ	Total (37 CFR 1.16())	• 20	Minus	<b></b> 20	= 0	]	x \$ =		OR	X \$52=	0	
۲	Independent (37 CFR 1.16(h))	• 3	Minus	<b></b> 3	= 0	]	x \$ =		OR	X \$220=	0	
Ž	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
Г						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		=	П	x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	=	1	x \$ =		OR	x s =		
Ä.	Application Size Fee (37 CFR 1.16(s))					1			]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					11			OR			
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.											

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